

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: cursive;">101791970</div>		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1						51					
2		1					52					
3		1					53					
4		1					54					
5		1					55					
6		1					56					
7		1					57					
8		1					58					
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Application Number  
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Filing Date

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CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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49						
50						
Total Indep	3					
Total Depend	17					
Total Claims	20					

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	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						